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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
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Bib Data Sheet

CONFIRMATION NO. 3488

<b>SERIAL NUMBER</b> 09/871,530	<b>FILING DATE</b> 05/31/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> 3593/7	
<b>APPLICANTS</b> Sang Hoon Oh, East Hills, NY; James Bak, Bayside, NY; Yiu-Ming Lai, Kowloon, HONG KONG;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/01/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Brown Raysman Millstein Felder & Steiner LLP Attorney for Applicants 120 West Forty -Fifth Street New York ,NY 10036					
<b>TITLE</b> Compact hands-free adapter for use with a cellular telephone					
<b>FILING FEE RECEIVED</b> 738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3488

<b>SERIAL NUMBER</b> 09/871,570	<b>FILING DATE</b> 05/31/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2685	<b>ATTORNEY DOCKET NO.</b> 3593/7
<b>APPLICANTS</b> Sang Hoon Oh, East Hills, NY; James Bak, Bayside, NY; Yiu-Ming Lai, Kowloon, HONG KONG;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/01/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 35
Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 29858				
<b>TITLE</b> Compact hands-free adapter for use with a cellular telephone				
<b>FILING FEE RECEIVED</b> 738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	